

Print Form

STATE OF MAINE
New Vendor & Vendor Update Form

Reset

Please return this form to your AGENCYcontact.

FILL OUT FORM COMPLETELY - ALL AREAS ARE REQUIRED - ONLY ONE NAME & TIN PER A FORM

FEDERAL TAXPAYER ID NUMBER Social Security No. Individual or Sole Proprietor Business name in "DBA" field below.

TIN

Employer ID No. Corporation/Business Business name in "Name" field below.

- Commodity
- Factory Rep
- Individual
- Jobber
- Minority
- Partnership
- Small Business
- Dealer
- Incorporated
- In-State
- Manufacturer
- Other
- Retailer
- Woman

Vendor Customer Number (if known) VC#

Account or Client Number (if known)

NEW: REMIT TO ADDRESS ONLY

Name

Alias/DBA

C/O

Address

City/State/
Zip

Phone

OLD:

Name

Alias/DBA

C/O

Address

City/State/
Zip

Phone

Contact Name:

Contact Phone

A/R Contact Name

A/R Contact Phone

Email Address:

Title of signee:

Authorized Signature &
Current Date: _____

I certify that the above information is accurate & correct as of the current date signed on this form. I am responsible for updating & maintaining my information on a regular basis by written communication via this form or via the internet at the Vendor Self Service web site.

OFFICE USE ONLY

Information on State Agency Submitting Vendor Form

OFFICE USE ONLY

State Agency & SHS # *

Agency Contact Person Name & Title*

Contact's Phone #